STATE OF MARYLAND—CERTIFICATE OF DEATH

10860

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 281

Village or City Pearson, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Ann Day If U. S. Veteran, specify WAR

(a) Residence: No. Pearson, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 1, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pearson (State or country) Md.

FATHER

13. NAME William Francis Day

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Florence Chase

16. BIRTHPLACE (city or town) St. Mary's County (State or country) Md.

17. INFORMANT William F. Day (Address) Pearson, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Nicholas Date Oct 21, 1940

19. UNDERTAKER Wm. Francis Day (Address) Pearson Md.

20. FILED Oct 21, 1940 P. J. Beane, M.D. Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 20 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1940, to October 20, 1940

I last saw her alive on October 17, 1940; death is said to have occurred on the date stated above, at 5 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	5/1/40
Malnutrition	5/1/40

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin + lab. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert T. Fuchs. M. D.

(Address) Park Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10861

1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 283

Village or City Compton md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Delahay

(a) Residence: No. Compton md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 1 — 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Richley Delahay

14. BIRTHPLACE (city or town) Compton
(State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Viola Moore

16. BIRTHPLACE (city or town) Compton
(State or country) Md.

17. INFORMANT Richley Delahay
(Address) Compton Md

18. BURIAL, CREMATION, OR REMOVAL
Place Compton Md Date Oct 1, 1940

19. UNDERTAKER Jas. Mattingly
(Address) Leon.

20. FILED Oct 1, 1940 L. C. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 1, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
I last saw h alive on , 19 ; death is said
to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn	10/1/40

Other Contributory Causes of importance:
Monstrosity — (No brain)

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur?
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Clayton C. Welch M. D.
(Address) Chaptico, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
NOV 7 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10862

Reg. Dist. No. 287

1. PLACE OF DEATH:

County St. Mary's

City or town Leonardtown md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

St. Mary's Hospital Leon. md.

Stay in hospital or inst. (yrs., or mos., or days) 8 hours

Stay in this community (yrs., or mos., or days) 7 week.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Clements, Maryland Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. St. Mary Co.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Lawrence Downs,

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Infant.

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5 - 1940.

8. AGE: Years	Months	Days	If less than one day
	one	14 -	hrs. min.

9. Birthplace Leonardtown maryland (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER

12. Name Andrew Downs,

13. Birthplace St. Mary's Co. md.

MOTHER

14. Maiden name Rose Margaret Lawrence

15. Birthplace St. Mary's Co. md.

16. Informant Andrew Downs,

Address Clements, St. Mary's Co md,

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/19/40. (month) (day) (year)

Cemetery or crematory Sacred Heart,

Location Bushwood St. Mary's Co. Md.

18. Funeral director Eugene Hall,

Address Clements, St. Mary's Co. md,

19. 10/19 1940 Eugene Hall Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19. 1940, at 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 18 1940, to Oct. 19 1940, and that I last saw him alive on Oct. 18 1940.

	DURATION
Immediate cause of death	
Acute enteritis - Colitis (agent	10/17/40
Due to Causing dysentary (Flexner bacillus)	to 10/19/40.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alapius O'Welch. M.D. M. D. or other

Address Hospital maryland Date signed 10/19/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10863

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (83-a)

County St Marys Registration Dist. No. 284

Village or City Mechanicsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ford Hayden If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)
M.	Caucasian	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, dey, and year) 1867 (Dnthwd)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79.			

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.

10. Date deceasad last workad at this occupation (month end year)

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) St Marys Co. Md.
(State or country)

FATHER

13. NAME Henry A Hayden.

14. BIRTHPLACE (city or town) Md.
(Stata or country)

MOTHER

15. MAIDEN NAME Sarah A. S Mattingly
Dnwd Nmee Mattingly

16. BIRTHPLACE (city or town) Mg.
(State or country)

17. INFORMANT Mrs. Lucy Herbert
(Address) Mechanicsville

18. BURIAL, CREMATIDN, DR REMOVAL
Placa Chaptico Date Oct 24, 19 46

19. UNDERTAKER Elmer Swann
(Address)

20. FILED Oct 23, 19 46 Lemuel Thomas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 22 (Day), 1946 (Year)

22. I HEREBY CERTIFY, That I ettanded deceased from June, 1940, to Oct 22, 1946

I last saw h[illegible] alive on Sept 15, 1946; deeth is said to have occurred on the date stated abova, at 2 P. m.

The PRINCIPAL CAUSE OF DEATH end releted causas of importance were es follows:

	Date of onset
Cerebral Hemorrhage	

Other Contributory Causes of Importance:

Arteriosclerosis

Neme of operation Data of

What tast confirmed diagnosis? Was thera an autopsy?

23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:

Accident, suicida, or homicide? Dete of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disaase or injury in any wey related to occupation of deceased?

If so, spacify

(Signed) Lewis J. Thomas M. D.

(Addrass) Chaptico

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED NOV 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Authorization to add race letter in permanent file under Dr. Levin J. Sotheron. 1/8/41/H.S.

10864

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary's

City or town Rural Chaptico
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Chaptico Md
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME William Thomas Hill

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	w	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8 - 5 - 1900

8. AGE:

Years	Months	Days	If less than one day
40	2	15	..... hrs. ..... min.

9. Birthplace Clements St. Mary's Md
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name James Hill
13. Birthplace Clements

MOTHER
14. Maiden name Mary Elizabeth Pettenton
15. Birthplace Clements

16. Informant James Hill
Address Chaptico Md

17. burial
(Burial, cremation, or removal. Which?) Date thereof 10 22 40
(month) (day) (year)

Cemetery or crematory St. Josephs

Location Morganza

16. Funeral director Rose E. Welch
Address Chaptico Md

19. 10-21- 1940 Robt V Palmer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20 - 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 - 10 - 1940, to 10 - 20 - 1940 and that I last saw him alive on 10 - 20 - 1940

Immediate cause of death Bronchopneumonia — DURATION 75 days

Due to acute bronchitis.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer
M. D. or other

Address Avenue Md Date signed 10-21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77-C)

10865

CERTIFICATE OF DEATH

Reg. Dist. No. 28 V

1. PLACE OF DEATH:
County St Marys Co
City or town Leonardtown Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County St Marys Co
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World war 1917

3. (a) FULL NAME Elmer Anthony Parker

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19th 1893

8. AGE:

Years	Months	Days	If less than one day
47	5	25	hrs. min.

9. Birthplace St Marys Co Md (Town, county and state)
10. Usual occupation Filling Station Manager
11. Industry or business attending Filling Station
FATHER 12. Name Ignatius J Parker
13. Birthplace St Marys Co Md
MOTHER 14. Maiden name Gertrude Raley
15. Birthplace St Marys Co Md
16. Informant Virginia Parker
Address Leonardtown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 16 1940 (month) (day) (year)
Cemetery or crematory St Aloysius Cemetery
Location Leonardtown Md
18. Funeral director W A Smallwood Sons
Address Leonardtown Md
19. 10/14 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16th 1940, at 10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 11 1940 to Oct 16th 1940
and that I last saw h alive on Oct 16th 1940

	DURATION
Immediate cause of death Acute Fibrillation of Heart	
Due to Excessive use of alcohol & absence of food	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F J Bettswell M. D. or other
Address Leonardtown Md Date signed Oct 15 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-A)

10866

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
County St. Mary's Co.
City or town Great Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County St. Mary's Co.
City or town Great Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Margaret Kane

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	black	widowed

6 (b) Name of husband or wife Chapman Kane
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years about 58? | Months | Days | If less than one day hrs. min.

9. Birthplace California, St. Mary's Co. Md.
(Town, county, and state)

10. Usual occupation Cook.

11. Industry or business

FATHER 12. Name —— Busby
13. Birthplace Md.

MOTHER 14. Maiden name —— Malot
15. Birthplace Md.

16. Informant Rosie Shorts
Address California, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 10 40 (month) (day) (year)
Cemetery or crematory St. Nicholas Cemetery
Location Pearson, Md.

18. Funeral director C. B. Robinson
Address Leonardtown, Md.

19. Oct 9 1940 (Date rec'd by registrar) J. Bean Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1940, at 7.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1940 to Oct 8 1940, and that I last saw h— alive on Oct 7 1940.

Immediate cause of death	DURATION
Hemorrhage	1 hour
Due to Carcinoma of Kidney	1½ years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Bean Md
M. D., or other
Address Great Mills Md Date signed Oct 9, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T) (I) (M)

RECEIVED
NOV 4 1940
U. S. [illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-B)

10867

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys.

City or town Bushwood
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Marys Co. Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Bushwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Henry Long.

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mrs. Harriet Elizabeth Goodwin Raley Long

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 2. 1860

8. AGE: Years 80 Months 6 Days 16 If less than one day ____ hrs. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Merchant.

11. Industry or business

FATHER
12. Name Wm Bernard Long.
13. Birthplace Maryland

MOTHER
14. Maiden name Sarah Ann Ellis
15. Birthplace Maryland

16. Informant Mary Helen Long.
Address Bushwood Md

17. Sacred Burial Heart Date thereof Oct 14 - 40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sacred Heart.

Location Bushwood Md

18. Funeral director Jas. C. Mattingly
Address Leonardtown Md

19. 10/14 1940 Camadeer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 1940, at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1940, to Oct 11 1940, and that I last saw him alive on Oct 9. 1940.

Immediate cause of death Prostatic Carcinoma

DURATION 12 months deaction

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Enlarged prostatic section showing carcinoma
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alysius C. Welch M.D.
M. D. or other

Address Chepter Md Date signed Oct. 12 - 40

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(8)

10868

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County St Mary's
City or town Compton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural
Stay in hospital or inst. (yrs., or mos., or days) Life
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County St. Marys
City or town Compton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Mason

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 31 / 40

8. AGE: Years | Months | Days | If less than one day hrs. min.
Stillborn

9. Birthplace Compton, Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Jeremiah Mason
13. Birthplace Valley Lee, Md

MOTHER 14. Maiden name Mary Florence Hebb
15. Birthplace Compton, Md

16. Informant Florence Mason
Address Compton, Md

17. Burial Date thereof 11 / 1 / 40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Home Premises
Location Compton Md

18. Funeral director Jeremiah Mason
Address Compton Md

19. 10/31 1940 Casualis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 (?) 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 31 1940, to Oct 31 1940
and that I last saw him alive on Dead Oct 31 1940

Immediate cause of death	DURATION
Stillborn	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank A. Casualis
M. D. or other
Address Leonardtown Date signed 10/31/40

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

10869

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St Marys

City or town Leonardtown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, Institution, or street address where death occurred: St Marys Hospital

How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Hollywood (If outside city or town limits, write RURAL and give nearest town)

Street No. 3 miles southeast of Hollywood (If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME John Carroll Morris

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife Edith R Morris

6.(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Feb 10, 1912

8. AGE: Years	Months	Days	If less than one day
28	7	24	...hrs. ...min.

9. Birthplace Hollywood, Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name J Jerome Morris

13. Birthplace Hollywood, Md

MOTHER 14. Maiden name Mary M Wood

15. Birthplace Leonardtown, Md

16. Informant Joseph Morris

Address Hollywood, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 6, 1940 (month) (day) (year)

Cemetery or crematory St Johns Cemetery

Location St Marys Co. Md.

18. Funeral director Joseph C Mattingley

Address Leonardtown, Md

19. Oct 4 1940 (Date rec'd by registrar) A J Bean MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1940, at 7.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 28 1940 to Oct 4 1940 and that I last saw h... alive on Oct 3 1940

Immediate cause of death	DURATION
Peritonitis	1 week
Due to Ruptured appendix	1 week
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A J Bean MD M. D. or other

Address Great Mills, Md Date signed 10/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1940
R. [illegible] V. B.

10870

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's

City or town Leonardstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Mary's Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town near Morganza Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Joseph H. Smith

3. (b) Social Security Number —

4. Sex male

5. Color or race black

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband~~ or wife Emma Smith

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept. 1 1873

8. AGE: Years 67 Months 1 Days 18 If less than one day ___ hrs. ___ min.

9. Birthplace Morganza, Md
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business —

FATHER
12. Name Charles W. Smith
13. Birthplace St Mary's Co. Md

MOTHER
14. Maiden name Jane E. Holt
15. Birthplace St. Mary's Co.

16. Informant Emma Smith
Address Morganza, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/21/40 (month) (day) (year)

Cemetery or crematory St. Joseph Cemetery

Location Morganza, Md.

18. Funeral director P. B. Robinson
Address Leonardtown, Md.

19. 10/20 1940 Carvalho
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 1940, at 9 45 17 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 18 1940, to Oct. 19 1940, and that I last saw him alive on Oct 19 1940.

Immediate cause of death Gastric Hemorrhage — DURATION Oct 18. 40

Due to Probable Carcinoma

Due to

Other conditions nor

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Aloysius Weld M. D. or other

Address Chaptico Md Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T)

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (91a)

10871

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:

County St. Mary's

City or town Mechanicsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Mechanicsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine Virginia Williams

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 - 1924

8. AGE: Years 17 Months 5 Days 11 If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Student -

11. Industry or business none

FATHER 12. Name J. Quinn Williams

13. Birthplace Maryland

MOTHER 14. Maiden name Mae Burroughs

15. Birthplace Maryland

16. Informant J. Quinn Williams

Address Mechanicsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/30/40 (month) (day) (year)

Cemetery or crematory Saint Joseph

Location Margaretta Md

18. Funeral director Elmer Quade

Address Hughesville Md

19. Oct 30th 1940 (Date rec'd by registrar) Lewis J Gorham Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1940, to Oct 28 1940, and that I last saw her alive on Oct 28 1940.

Immediate cause of death: Bacterial endocarditis

Due to: unknown -

Due to:

Other conditions: multiple infected emboli.

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

DURATION: June 1940

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? no (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) no

Means of injury no Injured at work?

23. SIGNATURE Alexius C. Welch. M.D. M. D. or other

Address Chaptico Maryland Date signed 10/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.